

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under 29 CFR 56.257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-11890	2. Fiscal Year Covered From: 7/1/03 Through 6/30/04
3. Name and address of person filing.	
Name Marcos	Trebovich
P.O. Box, Bldg., Room No., if any	
Street 5 GATEWAY CENTER	
City PITTSBURGH	
State PA	ZIP Code + 4 15222
5. Position in labor organization. Communications Director	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following Interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	
Name	
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	ZIP Code + 4
7.a. Nature of Interest, Transaction, or Income.	
7.b. Amount	

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-15-05

Date

412-562-0442

Telephone Number

Name of Person Filing MARCO TROVICH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MosaicTrade Name, if any: P.O. Box, Bldg., Room No., if any: Street 4801 Viewpoint PlaceCity CHEVY CHASEState MDZIP Code + 4 20831

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4

11.a. Nature of such dealing.

*5/13/04 luncheon meeting concerning
 6/2/04 Steelabor magazine: Orioles
 game - Camden Yards
 5/13 lunch, WorldCenter - D.C. \$46.75
 6/2 Orioles ticket 56.00
 Soda and food 10*

11.b. Approximate dollar value of such dealing.

\$106.00

12.a. Nature of interest held or income received.

*No income received; in kind meals
 and entertainment from representatives
 of printing vendor under contract to
 produce Steelabor magazine.*

12.b. Amount.

0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4

14.a. Nature of payment.

*5/13/04 luncheon meeting concerning
 6/2/04 Steelabor magazine: Orioles
 game - Camden Yards
 5/13 lunch, WorldCenter - D.C. \$46.75
 6/2 Orioles ticket 56.00
 Soda and food 10*

14.b. Amount of payment.

13.b. Is the Business an Employer or Consultant

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